MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		2		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2					56						
7		9		1			57						
8		0		1			58						
9	1		1				59						
10		1		1			60						
11		2		1			61						
12		2					62						
13		2		1			63						
14		2					64						
15		9		1			65						
16		0		1			66						
17		0		1			67						
18		0		1			68						
19		0		1			69						
20		0		1			70						
21		0		1			71						
22		0		1			72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓	2	↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.		20					TOTAL DEP.						
TOTAL CLAIMS		22					TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS